

DRUG ABUSE TREND REPORT DETROIT/WAYNE COUNTY AND MICHIGAN

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Janet Olszewski, Director

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Yvonne Blackmond, Director**

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Richard F. Calkins, M.S.W.
Research Consultant
Office of Drug Control Policy
Michigan Department of Community Health
320 S. Walnut
Lansing, MI 48913

Michigan Department of Community Health

Office of Drug Control Policy

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Drug Abuse Trends in Detroit/Wayne County and Michigan

Richard F. Calkins¹

ABSTRACT

Cocaine indicators continued to stabilize, with small declines in deaths and ED mentions. Heroin treatment admissions increased as reported total treatment admissions increased, while heroin-involved deaths began to decline slightly after reaching a peak in 2002. Data on other opiates reflected increases in hydrocodone, and to a lesser extent oxycodone. Marijuana continued to be the top illicit drug, with indicators remaining stable. Indicators for methamphetamine showed continuing increases, while indicators for abuse of LSD, GHB, ecstasy, ketamine, and Coricidin HBP showed some recent stabilizing or decrease. Twenty-nine percent of the cumulative AIDS cases in Michigan have been injection drug users.

INTRODUCTION

Area Description

Detroit and surrounding Wayne County are located in the southeast corner of Michigan's Lower Peninsula. In 2000, the Detroit/Wayne County population totaled 2.1 million residents and represented 21 percent of Michigan's 9.9 million population.

Currently, Michigan is the eighth most populous state in the nation. The Detroit metropolitan area ranks tenth among the nation's major population centers. In 2000, the City of Detroit's population was 951,000. Michigan's population increased by 6.9 percent between 1990 and 2000. Population growth above the statewide average occurred among those age 10–14 (12 percent), 15–17 (8.5 percent), and 5–9 (7.6 percent). There was a net population loss among those younger than 5 (4.3 percent) by 2000 because of declining birth rates since the mid-1990s. The following factors contribute to probabilities of substance abuse in the state:

- Michigan has a major international airport, with a new terminal that opened in 2002. There are also 10 other large airports that have international flights, as well as 235 public and private small airports. Long-term projections for the Detroit Metro airport forecast a 31 percent increase in flights during the next 10 years.

The state has an international border of 700 miles with Ontario, Canada; land crossings at Detroit (also has a tunnel crossing), Port Huron, and Sault Ste. Marie; and, water crossings through three Great Lakes and the St. Lawrence Seaway, which connects to the Atlantic Ocean. Between Port Huron and Monroe, many places along the 85 miles of heavily developed waterway are less than one-half mile from Canada. Michigan has over one million registered boats. In FY2002, three major bridge crossings from Canada (Windsor Tunnel, Ambassador Bridge and Port Huron) had 9.7 million cars, 2.6 million trucks, and 93,000 buses cross into Detroit. Southeast Michigan is the busiest port on the northern U.S. border with Canada. Detroit and Port Huron also have nearly 10,000 trains entering from Canada each year. The Foreign Mail Branch in Detroit processes 275,000 foreign parcels and about 900,000 letter-class pieces monthly.

- Michigan's numerous colleges and universities have many out-of-state or international students.
- The state has a large population of skilled workers with relatively high income (especially in the automotive industry), as well as a large population with low or marginal employment skills.
- There are chronic structural unemployment problems. Michigan has prospered in recent economic periods, with low unemployment. As the national economy slowed in 2002, so did the Michigan economy. Recovery has been sluggish in 2003 to date.

Data Sources

Data for this report were drawn from the sources shown below.

- **Hospital emergency department (ED) drug mentions data** through 2002 were obtained from the Drug Abuse Warning Network (DAWN), Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA).
- **Treatment admissions data** were provided by the Bureau of Substance Abuse and Addiction Services, Michigan Department of Community

¹ The author is affiliated with the Office of Drug Control Policy, Michigan Department of Community Health, Lansing, Michigan.

Health (MDCH) for the state and Detroit/Wayne County, as reported by state and federally funded programs. Reporting practices, which changed on October 1, 1998, affect the capability to reliably track trends in client characteristics, drugs of abuse, and other data reported in admissions records. During FY2001 and FY2002, state reporting requirements were revised, which also challenged reporting continuity. The admissions volume reported has been declining over the past several years; it is difficult to identify whether changes in data reflect reporting practices or actual changes in the populations entering treatment, as all data is no longer reported. Software delays during FY2002 resulted in large volumes of unresolved errors in data submissions and an inability to produce data sets for analysis until year end. FY2003 data reflects a 16.8 percent increase in reported treatment admissions statewide and a 27.4 percent increase in admissions reported in Detroit/Wayne County.

- **Drug-related mortality data** were provided by the Wayne County Office of the Medical Examiner (ME). The Wayne County ME provided summary data on deaths with positive drug toxicology from 1993 through August 2003. These drug tests are routine when the decedent had a known drug use history, was younger than 50, died of natural causes or homicide, was a motor vehicle accident victim, or there was no other clear cause of death.
- **Heroin purity data** were provided by the Drug Enforcement Administration (DEA). Preliminary data on heroin purity between mid-2001 and mid-2002 were from the DEA's Domestic Monitor Program (DMP).
- **Drug intelligence data** were provided by the Michigan State Police.
- **Drug distribution data**, from the High Intensity Drug Trafficking Area, Investigative Support and Deconfliction Center, of Southeast Michigan (HIDTA-SEM), were derived from the FY2003 Threat Assessment. Nine counties (not all in Southeast Michigan) now cooperate in HIDTA-SEM.
- **Poison control case data** were provided by the Children's Hospital of Michigan Poison Control Center in Detroit, and represent contact data on cases of intentional abuse of substances January through November 12, 2003. This center is one of two in Michigan; its catchment area is

primarily eastern Michigan, although contacts can originate anywhere.

- **Drug-related infectious disease data** were provided by MDCH on the acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) prevalence estimates as of October 1, 2003.

DRUG ABUSE PATTERNS AND TRENDS

Cocaine and Crack

Between 1994 and 1999, cocaine was the most frequent DAWN ED drug mentioned in the Detroit metropolitan counties (Exhibit 1). The Detroit area rate of cocaine ED mentions per population of 100,000 was 178 in 1999; 179 in 2000; 186 in 2001; and, 182 in 2002. After a slight but nonsignificant increase from 1999 to 2000, there was a slight but nonsignificant decrease in the years 2001 and 2002.

The typical cocaine ED case continued to be a male, age 35 or older, who went to the emergency department seeking help for an unexpected reaction, chronic effects, or overdose, and was treated and released in a multi drug-involved episode. Since about 2000, there have been decreases in younger age groups among ED cocaine mentions.

Cocaine (including crack) has been the foremost primary illicit drug of abuse among admissions to state-funded treatment programs statewide since FY1986. During FY2001, cocaine/crack was the top illicit drug among statewide admissions, accounting for 18 percent of total admissions, while in FY2002, cocaine/crack accounted for 17 percent of statewide admissions. In FY2003, cocaine was the primary drug in 18 percent of all admits in Michigan. In Detroit/Wayne County, cocaine represented 28 percent of total admissions in FY2001, and 26 percent in FY2002 and FY2003. Cocaine admissions were exceeded only by heroin admissions since FY2001 in Detroit/Wayne County.

Cocaine (including crack) was involved (as either primary, secondary, or tertiary drug) in 35 percent of all treatment admissions statewide in FY2002 (36 percent in FY2003) and in 52 percent (50 percent in FY2003) of all admissions in Detroit/Wayne County. Cocaine-involved treatment admits increased by 20 percent statewide in FY2003 (while total admissions reported increased by almost 17 percent over the prior year). About one of every three cocaine-involved admissions statewide in FY2002 and FY2003 was in Detroit/Wayne County.

The number of decedents with a positive drug toxicology for cocaine in Detroit/Wayne County was basically stable between 1995 and 1999, with plus or minus 1-12 percent fluctuations year-to-year (Exhibit 2). In 2000, there was a 16 percent increase in cocaine deaths over 1999. In 2001, cocaine deaths increased by less than 3 percent from 2000, to 406 cases. In 2002, the 417 cocaine deaths were a slight increase over 2001. The 266 cocaine-present deaths in the first eight months of 2003 suggest a slightly decreasing pattern is developing, with year-end projections of 399 cocaine-present deaths.

Cocaine powder and crack availability, prices, and purity remained relatively stable. Ounce and kilogram prices have been stable for at least the past 9 years. There are some reports of decreases in prices at the kilogram quantity level and above. The cost of crack rocks now range from \$10-\$50, with \$10 the most common unit price in the Detroit neighborhoods. Higher priced units (\$20-25) are more typical when sold to outsiders in Detroit or when sold outside Detroit. Ounce amounts of cocaine and crack usually sold for the same price (\$750-\$1,300) since 2001 in Detroit. Small plastic bags (heat-sealed or zip lock), aluminum foil, or no packaging at all are now the most common conveyances.

Numerous organizations distribute cocaine in the metropolitan area and statewide, according to the FY2003 Threat Assessment by HIDTA-SEM. The Detroit metropolitan area remains a source hub for other areas of Michigan and the larger Midwest. Gangs control a number of distribution points and are major suppliers to many markets, although it is reported that there is less organized identifiable street gang activity than in the past. Michigan State Police reported that multiple homicides have continued in Saginaw in 2003 as a result of gang activity, drug market competition, or outright drug robberies. A newly emerging population of heavy crack users is reported to involve Native Americans living around northern Michigan casinos.

Heroin

ED mentions for heroin have trended gradually upward since 1994, to stabilize in 2001 and 2002 (Exhibit 1). In 1999, the Detroit metropolitan area rate of heroin mentions was 61.5 per population of 100,000. In 2000, the rate was 75.8. In 2001, the rate increased significantly to 93, where it remained in 2002. The number of heroin ED mentions was 46 percent higher in 2002 than in 1999.

The typical heroin ED case continued to be a male, age 45-54, who sought help in an emergency

department for chronic effects, unexpected reactions, or overdose and was treated and released. There have been significant increases in heroin ED mentions by females (+91.5 percent), those age 18-25 years (+100 percent), and those admitted to the hospital (+76 percent) between 1995 and 2002.

Heroin, as the primary drug among treatment admissions, accounted for 29 percent in FY2002 and FY2003 of all admissions in Detroit/Wayne County, and 12 percent of admissions statewide in FY2002 and FY2003. The 5,202 admissions in Detroit/Wayne County involving heroin (as primary, secondary, or tertiary drug) accounted for 55 percent of the statewide total of 9,523 heroin-involved admissions in FY2003. Total heroin-involved admissions in Michigan increased by 20 percent in FY2003, paralleling the increase in total treatment admissions reported. One in three admissions in Detroit/Wayne County involved heroin, while heroin was involved in 15 percent of all statewide admissions in FY2002 and FY2003.

Heroin deaths have been steadily increasing in Detroit/Wayne County between 1992 and 2002. In 1996, there were 240 heroin-present deaths; by 2000, the annual number had nearly doubled (Exhibit 2). Deaths with heroin metabolites present in 1999 represented a 24 percent increase from 1998, while in 2000, heroin cases increased again by 23 percent over the 1999 total. The 465 heroin-present deaths in 2001 were a slight decrease from the 473 deaths in 2000. During 2002, 496 heroin-present deaths were identified, which again exceeded the number of cocaine-involved deaths. Based on the first eight months of 2003, the year end total heroin-involved deaths could decrease to about 464 cases, or about the total there were in 2001.

Since 1996, the Wayne County ME lab has tested decedents for 6-monoacetylmorphine (or 6-AM) to determine whether its presence parallels increases in heroin (morphine) positivity. Until nearly the end of 2001, findings of 6-AM were at about one-half the level for heroin-present cases. Findings of this drug are most typical in decedents with more acute effects of heroin use. A decline in this ratio began in late 2001 and for 2002 there was a ratio of about 37 percent of 6-AM to heroin being present. For the first eight months of 2003, this same ratio returned to the earlier pattern at 53 percent.

Nearly all available heroin continued to be white in color. South America (Colombia) most likely remains the dominant source, although in the past 3-4 years, heroin originating in both Southeast Asia and the Middle East has been identified. Heroin originating

in Mexico continued to be available in some parts of Michigan outside the Detroit metropolitan area.

Heroin street prices remained stable and relatively low in Detroit. Packets or “hits” available in Detroit are typically sold in \$10 units, while outside the area individual units sometimes cost \$15-\$25 or more. Price is also affected by whether the buyer is known to the seller, as well as whether the buyer and seller are of the same racial/ethnic origin. Bundles of 10 hits cost between \$75 and \$150. Packaging is often tinfoil, lottery papers, coin envelopes, balloons, fingers cut off from surgical gloves, or small plastic zip lock bags. There are some reports that there are fewer independent dealers and more organizational models with distinct roles for participants involved. There are continued reports that some out-state users of oxycodone switched to heroin because of less availability of oxycodone. Recent information suggests that heroin is often referred to as “blow” in the Detroit area, a term previously used for cocaine powder.

According to the most recent information from the DEA that heroin purity, which had increased from the early 1990s to a peak of nearly 50 percent in 1999, South American heroin averaged 45.8 percent pure, while Southwest Asian heroin averaged 41.7 percent in 2002. This is a slight decrease from the prior year, while price (when adjusted for purity) increased.

Among new heroin users are a number of young, suburban whites (especially females) that claim to be “social users” who inhale the drug.

Other Opiates/Narcotic Analgesics

In the Detroit area, indicators for opiates and narcotics other than heroin remained lower than those for cocaine and heroin, continuing a long-term trend since the early 1980s. Codeine and its prescription compounds (schedule III and IV drugs) have long been the most widely abused other opiates; codeine indicators were stable. However, there have been recent increases in hydrocodone combinations (typically Vicodin, Lortab or Lorcet), and possible stabilization in oxycodone (OxyContin) indicators. Law enforcement sources report that Vicodin is commonly available, with some of it being diverted from pain clinic patients.

Other opiates, as primary drugs among treatment admissions in FY2002, were reported for 284 cases in Detroit/Wayne County and 1,930 cases statewide. In FY2003, there were 2,618 other primary opiate admits statewide with 405 in Detroit/Wayne County. These are increases of 36 percent and 43 percent,

respectively, which exceed the increases in total admissions reported in FY2003 compared to FY2002. Other opiates (as primary, secondary or tertiary drugs) were involved in 7 percent of statewide admissions and in 6 percent of Detroit/Wayne County admissions in FY2002. This compares to 8 percent in FY2003 statewide and 6 percent in Detroit/Wayne County. The other opiates-involved admissions in Detroit/Wayne County accounted for less than one of every five statewide other opiates-involved admissions during FY2002 and FY2003.

Toxicology findings from the Wayne County ME lab showed 241 cases of codeine positivity in 2002, compared to an expected 212 cases in 2003 (based on the first eight months).

Hydrocodone and hydrocodone/combinations began to appear in southeast Michigan hospital ED drug mentions in 1994, with sharp and significant increases in 1998 (185 mentions); 1999 (238 mentions); 2000 (371 mentions); 2001 (483 mentions); and, 2002 (654 mentions) (Exhibit 1). This drug was identified by the Wayne County ME lab in 60 decedents in 2000; 80 in 2001; 120 in 2002; and, 108 cases are expected in 2003 based on the first eight months data. Information from the Children’s Hospital of Michigan Poison Control Center on intentional hydrocodone abuse cases for 2001 identified about 40 cases; about one-half were female. In the first 10 months of 2003, about 175 cases of intentional hydrocodone abuse were reported to the poison control center, which is more than three times as many cases as in 2002.

The most recent southeast Michigan ED drug mention data from DAWN show 21 oxycodone/combinations mentions in 1996; 15 in 1997; 19 in 1998; 17 in 1999; 45 in both 2000 and 2001; and, a significant increase to 157 mentions in 2002. Since about 2000, oxycodone (OxyContin) has been steadily reported by law enforcement agencies primarily in the western and northern Lower Michigan areas, but more recently all over the state. It continues to be not uncommon for persons in emergency departments to ask specifically for this drug for various ailments. Pharmacy/household break-ins (especially of cancer patients) and armed robberies specifically related to this drug continued to be reported, but some of this may be declining as some pharmacies have posted signs they no longer carry this drug. Oxycodone was found in 10 decedents in Wayne County in 2000; 13 in 2001; 12 in 2002; and, 15 cases are projected in 2003 based on the first eight months. It was involved in more than 20 cases reported to the Detroit poison control center in the first 10 months of 2003. OxyContin pills still

sell for \$0.50-\$1.50 per milligram. Some oxycodone reportedly continues to be smuggled from Canada. Some users have reportedly switched to heroin because of less availability of oxycodone in some out-state locations. One recent interdiction involved a pharmacist operating out of a corner in a party store, and who was responsible for putting more than 2.4 million dosage units (mostly analgesics or depressants) into the street drug supply.

Marijuana

Marijuana indicators remain mostly stable but at high levels. Mexican marijuana continued to be the dominant form available, with reports of increases from Canada.

Detroit metropolitan area ED marijuana data shows a steady increasing trend since 1994, with some fluctuations in a few years (Exhibit 1). In 1999, the case rate for marijuana mentions per 100,000 population was 95; in 2000, the case rate was 99; in 2001 the case rate was 121; and, in 2002 the case rate increased significantly to 146. Between 2000 and 2002, this rate increased significantly by 47.6 percent. At the same time, the number of marijuana mentions increased by more than 40 percent between 2000 and 2002.

The typical marijuana ED case was a male, age 35 or older, who was experiencing unexpected reactions or overdose, and who was treated and released in a multi-drug use episode. There were significant increases in cases involving 18-25 year olds (+52 percent), females (+117 percent), and reported overdoses (+300 percent) between 1995 and 2002 in ED marijuana mentions. Single drug episodes (or marijuana use only) increased among these mentions between 2000 and 2002.

Treatment admissions during FY2002 in Detroit/Wayne County for marijuana as the primary drug totaled 1,105, while the FY2003 total was 1,401 for such admissions (+27 percent). For FY2002 statewide, there were 8,834 marijuana admissions as the primary drug, while for FY2003 there were 10,252 such admissions (+16 percent). These increases parallel the increases in total admissions reported in both instances. Marijuana was involved (as primary, secondary, or tertiary drug) in 40 percent of statewide admissions in both FY2002 and FY2003; in 31 percent in FY2002; and, in 29 percent in FY2003 of Detroit/Wayne County admissions. The Detroit/Wayne County marijuana-involved admissions accounted for about one of every six (17 percent) statewide marijuana-involved admissions in both FY2002 and FY2003.

The majority of marijuana seized in Michigan originates in Mexico and is transported in both large and small quantities by a variety of methods. Law enforcement agencies continue to report increases in seizures in hydroponically grown marijuana from Canada, which was being grown and smuggled by Asian-organized crime operations. Canadian-grown marijuana is often known there as “Ontario Hydro” and it often sold in the U.S. as “BC bud”. There are reports of dealers trading equal amounts (pound for pound) of cocaine for this marijuana. Some seizures have been made involving trucks bringing trash and marijuana from Canada into Michigan landfills, and returning with cash and sometimes cocaine. Law enforcement sources reported both more and larger seizures in 2002, both at the border and within Michigan.

Stimulants

Indicator data showed increasing levels of methamphetamine abuse in the state, continuing primarily in the southwestern corner of Lower Michigan. Amphetamine abuse has also been increasingly identified, although it is more stable than the methamphetamine patterns.

Southeast Michigan DAWN ED drug mentions for methamphetamine have remained near zero from 1996 to 2001, with 12 mentions reported in 2002 (Exhibit 1). Amphetamine mentions declined after 1996 and then increased (nonsignificantly) in 2001 with 437 mentions. In 2002 there were 470 amphetamine mentions reported.

Methcathinone (“cat”), an easily manufactured stimulant, was identified in Michigan’s Upper Peninsula around 1990; an epidemic ensued until about 1994. No further labs were found until recently. One was uncovered in northern Lower Michigan and another found in the western Upper Peninsula. A trickle of reported admissions to treatment involving this drug continued; there were 9 primary Methcathinone admissions statewide in FY2000; 4 in FY2001; 10 in FY2002; and, 4 in FY2003. There were 17 Methcathinone-involved admissions statewide in FY2003.

In FY2002, there were 280 primary methamphetamine admissions statewide, with 5 in Detroit/Wayne County. In FY2003, there were 505 primary methamphetamine admissions statewide, with four in Detroit/Wayne County. The 280 primary methamphetamine admissions in FY2002 lived in 43 of the 83 counties in Michigan, mostly in rural areas, with more admissions in western and southern counties; 5 lived in Detroit/ Wayne County. In

FY2003, the 505 primary methamphetamine admissions lived in 49 counties.

Among primary drug methamphetamine admissions statewide in FY2002, smoking was reported by almost one-half (43 percent), followed by inhalation (33 percent), oral (17 percent), and injection (8 percent) as the route of administration. Smoking increased as the route of use to 55 percent of FY2003 primary methamphetamine admissions, followed by inhalation (25 percent), injection (11 percent) and oral (9 percent) routes.

Mortality data from the Wayne County ME lab show 2 methamphetamine-positive cases among decedents between April and September 2001; 1 case between October 2001 and March 2002; 10 cases in total for 2002; and, 2 cases in the first eight months of 2003. The majority of these cases had multiple drugs present (including MDA or MDMA) and most all were homicide cases and two were drownings.

Michigan's border with Canada has been the focus of efforts to stop the flow of large amounts of pseudoephedrine and ephedrine into the United States. These imports are the necessary ingredients for making methamphetamine and have been destined for the western United States and Mexico. Indictments of numerous individuals and seizures of millions of pseudoephedrine dosage units have continued.

Michigan State Police reported seizing 40 methamphetamine labs in 2000 (all outside Detroit), compared with 14 labs in 1999. During 2001, the Michigan State Police seized 91 labs, and 120 were seized by the State Police, DEA and local departments combined. In 2002, Michigan State Police seized 189 labs; or twice as many as in 2001. Through November 24, 2003, the Michigan State Police have seized 167 methamphetamine labs, and note that an additional number have been seized by other law enforcement agencies. Environmental cleanups are an increasing problem. Most of the lab seizures have been in southwestern Lower Michigan (particularly Allegan, Van Buren, and Barry Counties). The majority of labs seized so far continue to be relatively small in production capability, although more recently some larger labs have been found.

Michigan has a long history of high per capita distribution of methylphenidate (Ritalin). Indicators show little evidence of extensive intentional abuse, yet anecdotal reports of such cases continue.

Khat, a plant grown in the Middle East that must be freshly harvested to produce its desired stimulant effects, continued to be seized in batches of several branches to more than 100 pounds at Michigan airports.

Depressants

All indicators are relatively stable for depressants, with the exception of Carisoprodol (Soma), which is increasing in some indicator sources.

ED mentions of Carisoprodol in southeast Michigan increased from 146 in 2000; to 183 in 2001; and, to 286 in 2002. Prior to this, there were 170 mentions in 1998 and 145 in 1999 (Exhibit 1). Carisoprodol was identified in 20 Wayne County decedents in 2000; 30 in 2001; 24 in 2002; and, in 15 in the first eight months of 2003. There were 21 cases of intentional Carisoprodol abuse reported to the poison control center during the first 9 months of 2002 and 24 cases in the first 10 months of 2003.

Depressant treatment admissions in FY2002 and FY2003 remained low in relation to those for alcohol, cocaine, heroin and marijuana. Such admissions typically involved benzodiazepines or sedatives/hypnotics. Barbiturates or tranquilizers were reported less often. Depressants remained more often involved as secondary or tertiary drugs among treatment admissions. In FY2003 there were 1,524 admissions statewide involving depressants, with 364 of these in Detroit/Wayne County.

Hallucinogens

Lysergic acid diethylamide (LSD) continued in decline from already low levels in indicators.

Hospital ED mentions for hallucinogens have been declining overall since about 1995, but PCP mentions remain relatively steady (Exhibit 1).

During FY2002, there were 63 hallucinogen treatment admissions as the primary drug statewide, with eight of these cases involving phencyclidine (PCP). In FY2003, there were 45 admits with primary hallucinogens, four of these cases involved PCP.

The Detroit Poison Control Center identified four cases in southeast Michigan involving "Foxy" in 2003, a hallucinogenic tryptamine (5-methoxy-N, N-diisopropyltryptamine, or 5-MeO-DIPT). All involved hospitalizations of young white males.

Club Drugs

This category of drugs includes ecstasy, gamma hydroxybutyrate (GHB), flunitrazepam (Rohypnol), and ketamine. Indicators seem to be stabilizing for ecstasy and ketamine, and declining for GHB. The first appearance in indicator data to suggest that flunitrazepam is being used in Michigan was an ED mention in 2002.

The drug known as ecstasy is typically methylenedioxymethamphetamine (MDMA) or methylenedioxyamphetamine (MDA). Both drugs have been identified in past lab testing of ecstasy samples, sometimes in combination. There have been many anecdotal reports of widespread and increasing use since about 1997, but these drugs rarely appear in traditional indicators identifying abuse. Ecstasy users remain to be college students or young professionals, often in dance settings. Many urban and suburban areas outside Detroit continue to be noted as having significant ecstasy use. There are further reports of some use by high school students and some sources report that it is now harder to buy, so some users have returned to marijuana. Law enforcement seizures decreased in 2002.

Southeast Michigan ED drug mentions first began to reflect MDMA use in 1998, with six mentions reported (Exhibit 1). MDMA mentions rose to 40 in 1999 and 60 in 2000. The change between 1998 and 2000 represented a 900 percent increase. Data for 2001 showed 111 MDMA mentions, a significant increase from 1999. In FY2002, there were 108 MDMA ED mentions reported.

During FY 2002, there were 158 ecstasy-involved (as primary, secondary, or tertiary drug) treatment admissions statewide; 31 of these occurred in Detroit/Wayne County. In FY2003, there were 200 ecstasy-involved admits statewide, with 69 in Detroit/Wayne County. It continues to be more common that ecstasy would be the tertiary or secondary drug than the primary drug involved among those seeking treatment.

The Children's Hospital of Michigan Poison Control Center received reports of 31 cases involving ecstasy misuse in the 10-month period between January and November 2003. This is about the same rate of cases as reported in 2002.

The Wayne County ME lab identified 1 MDMA/MDA death in 1998; 2 in 1999; 3 in 2000; 2 in 2001; while in 2002, there were a total of 11 decedents with MDMA present, with most being homicide victims with multiple drugs found in all of these cases. One case was found in the first eight months of 2003.

Since 1998, there have been several indicators of increasing ketamine use. Break-ins to veterinary clinics have continued (but these may be slowing recently) in efforts to obtain this drug. The Children's Hospital of Michigan Poison Control Center was consulted on fewer than 10 cases of intentional ketamine abuse during the first 10 months of 2003. There were 11 ketamine-involved treatment admissions statewide in FY2002, and 32 such cases in FY2003. The only reports of ketamine in southeast Michigan ED mentions between 1995 and 2002 were 12 cases in 2001.

GHB and GBL abuse began to be reported in about 1997, with the number of ED mentions and poison control case reports peaking in about 1999. Use has been primarily at nightclubs (recent use appears to be more confined to gay scenes) and private parties. ED mentions of GHB totaled 45 in 1999; 22 in 2000; 31 in 2001; and, 15 in 2002 (Exhibit 1). The Children's Hospital of Michigan Poison Control Center GHB case reports totaled 100 in 1999; about 35 in 2000; and, about one-half that many in 2001. In 2002, Children's Hospital of Michigan Poison Control Center was notified of only about 10 cases of intentional GHB abuse. It is believed that GHB is no longer reported to this source, with only 5 cases reported during the first 10 months of 2003. During FY 2002 there were 4 admissions to treatment in Michigan involving GHB as the primary drug and 12 total cases in which GHB was involved. In FY2003, there were 4 admissions statewide with GHB as primary drug and 11 total cases where it was involved.

Other Drugs

Inhalants continued to be reported as commonly used, mostly by teens and young adults. Paint, furniture polish and cleaning products were the most common inhalants, and males and females were equally likely to be inhalant users. During FY2003, there were 115 treatment admissions statewide that involved inhalants, with over 40 percent of these having inhalants as the primary drug of abuse.

A few instances of reported abuse and subsequent hospitalization involved a number of adolescents who ingested morning glory seeds or jimson weed.

Intentional abuse of Coricidin HBP cough and cold formula (the over-the-counter medicine) has been reflected in case reports to Children's Hospital of Michigan since 2000. These tablets contain dextromethorphan and chlorpheniramine. Multiple tablets are taken for a dissociative effect; use of up to 40 pills at a time has been reported. During 2000, 44 Coricidin HBP cases were reported to the poison

control center, while in 2001 at least 60 cases involved this drug. Most cases were teens, and nearly two of every three cases were male. About two of every three cases required hospitalization. In 2002, about this same level of Coricidin abuse cases were reported to the poison control center. In the first 10 months of 2003, there were 58 cases of intentional Coricidin abuse reported; almost all were under 21 years of age, and cases were split evenly between males and females.

Abuse of cough syrup (also containing dextromethorphan) continued to be noted, with shoplifting being a common way of obtaining the substance.

INFECTIOUS DISEASES RELATED TO DRUG ABUSE

Recent estimates for hepatitis C cases (much of which is spread by injection drug use) in Michigan show that prevalence in the general population is about 179,000 cases, with an estimated additional 18,000 cases among the 48,000 inmates in Michigan's prison system.

HIV/AIDS

Michigan remains to rank 17th among all states, with an AIDS case rate of 113.9 per 100,000 population. As of July 1, 2003, a cumulative total of 12,918 cases of AIDS had been reported in Michigan.

Injection drug users (IDUs) continued to account for 29 percent of total AIDS cases; 22 percent have only this risk factor and 7 percent are IDUs who also have male-to-male sex as a risk factor.

Of the 8,396 male cases currently living with AIDS or HIV, 12 percent are IDUs and 7 percent are in the dual risk group.

Among the 2,464 females living with AIDS or HIV, 28 percent are IDUs, 44 percent were infected through heterosexual contact, and 26 percent have undetermined risk factors.

Statewide, HIV prevalence is estimated at a maximum of 2,880 IDUs (a slight decrease) and 980 IDUs who also engage in male-to-male sex (a slight increase). The total HIV prevalence estimate for Michigan remains at 15,500 cases.

For inquiries concerning this report, please contact Richard Calkins, Michigan Department of Community Health, Office of Drug Control Policy, Lewis Cass Building, 5th Floor, 320 South Walnut Street, Lansing, Michigan 48913-2014, Phone: 517-335-5388, Fax: 517-373-2963, E-mail: <calkinsr@michigan.gov>.

Exhibit 1. Estimated Number of ED Drug Mentions in a Seven-County Area in Southeast Michigan: 1994-2002¹

Drug Mentions	1994	1995	1996	1997	1998	1999	2000	2001	2002
Alcohol-in-combination	7,220	8,379	9,087	7,984	7,992	7,199	8,447	9,109	9,004
Cocaine	8,268	8,763	10,435	8,093	8,617	7,699	7,870	7,730	7,608
Heroin/morphine	2,160	2,390	3,188	3,028	2,879	2,653	3,328	3,870 ²	3,881 ²
PCP/PCP combinations	26	56	21	19	20	24	21	38	30
LSD	99	143	57	74	27	63	35	15	...
Amphetamine	305	292	440	359	362	178	...	437	470
Methamphetamine/speed	17	15	...	...	0	...	...	...	12
Marijuana/hashish	2,955	3,875	4,210	3,742	4,335	4,100	4,344	5,017	6,104
GHB	...	0	...	...	11	45	22	31	15
Ketamine	-	0	0	...	...	...	...	12	0
MDMA (ecstasy)	...	0	0	...	6	40	60	111	108
Rohypnol	-	0	0	0	0	0	0	0	1
Hydrocodone/combinations	89	129	165	160	185	238	371	483	654
Drug Episodes	17,653	18,626	20,796	17,604	17,477	16,125	17,042	19,265	20,979
Total Drug Mentions	31,633	34,152	38,952	32,487	32,582	30,207	32,740	38,159	40,668
Total ED Visits (in 1,000s)	1,436	1,513	1,537	1,449	1,461	1,481	1,474	1,583	1,686
Drug Episodes (rate/100,000)	432	451	498	417	409	374	388	463	502
Drug Mentions (rate/100,000)	775	828	933	770	763	700	746	893	973

¹ Dots (...) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed.

² Heroin excludes a small, but unknown, number of morphine/combinations mentions, which have been moved to the narcotic analgesics category during this time period.

SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Exhibit 2 Detroit/Wayne County Positive Drug Toxicology Cases Involving Heroin or Cocaine as an Independent Cause of Death: 1995-August 2003

Month		1995	1996	1997	1998	1999	2000	2001	2002	2003 ¹
January	Heroin	16	21	17	21	23	43	52	29	26
	Cocaine	31	36	29	32	21	39	50	25	25
February	Heroin	14	16	27	26	31	37	40	35	47
	Cocaine	23	29	33	27	20	27	36	28	38
March	Heroin	11	13	13	21	41	34	45	48	22
	Cocaine	28	15	29	27	33	38	39	32	31
April	Heroin	12	11	24	23	29	42	38	41	46
	Cocaine	25	33	29	35	34	24	32	37	28
May	Heroin	19	10	14	16	28	56	33	41	36
	Cocaine	36	19	22	32	33	46	27	29	37
June	Heroin	25	25	24	33	40	42	36	43	41
	Cocaine	31	32	30	38	32	32	30	38	39
July	Heroin	25	21	30	21	30	44	46	51	58
	Cocaine	27	32	26	32	25	36	42	33	40
August	Heroin	13	23	27	25	29	35	46	47	33
	Cocaine	14	29	28	25	31	36	36	44	28
September	Heroin	12	18	33	29	31	23	32	46	
	Cocaine	16	25	22	37	21	24	24	38	
October	Heroin	16	29	27	27	37	39	47	42	
	Cocaine	29	34	32	33	35	26	42	44	
November	Heroin	21	20	27	32	41	40	23	35	
	Cocaine	29	28	28	32	32	35	22	26	
December	Heroin	19	33	24	35	23	38	27	38	
	Cocaine	28	37	36	35	25	33	26	43	
Total	Heroin	203	240	287	309	383	473	465	496	
	Cocaine	317	349	344	385	342	396	406	417	

¹ The 2003 data are for the first 8 months. Annual projections are 464 cases for heroin and 399 cases for cocaine.

SOURCE: Wayne County Office of the Medical Examiner Laboratory